

(1) PLACE OF BIRTH

County of BambergTownship of PreparedInc. Town of AlorCity of Alor

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40936

Registration District No 4.01 Registered No. 1214

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

12-29-22

(8) FULL NAME

Guffin Mooroux

(9) PRESENT POSTOFFICE OF FATHER

Alor

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Year)

(12) BIRTHPLACE

Bamberg Co SC

(13) OCCUPATION

farming

(14) NAME BEFORE MARRIAGE

Sina Kears

(15) PRESENT POSTOFFICE OF MOTHER

Alor S.C. RTN

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Bamberg Co SC

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

(21) Number of children of this mother living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6 1923 (28) J. E. Barnett Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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